

FEE CALCULATION SHEET
(FOR USE WITH FORM I)

15)

APPLICANT(S)

648396

15

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
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| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | 3 | | | | | |
| TOTAL DEP. | 1 | | | | | |
| TOTAL CLAIMS | 4 | | | | | |

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| 100 | | | | | | | | | | | | |
| TOTAL IND. | | | | | | | | | | | | |
| TOTAL DEP. | | | | | | | | | | | | |
| TOTAL CLAIMS | | | | | | | | | | | | |

PTO-1340 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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